

# OMBUDSMAN PROGRAM INVESTIGATION FORM

Case Number: \_\_\_\_\_

Code Number: \_\_\_\_\_

Date Opened: \_\_\_\_\_

Complaint Investigation Time: \_\_\_\_\_

First Action Date: \_\_\_\_\_

Travel Time:

Date Case Closed: \_\_\_\_\_

What is the resident's desired outcome?

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Investigation Process Notes (as related to code number above):

[illegible]

Verification (check appropriate box; if complaint verified complete action plan):

Verified	Not Verified	Not A Complaint
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Disposition (check appropriate box):

	A – Government policy/legislative action is required to resolve the issue
	B – Not resolved to the satisfaction of the resident or complainant
	C – Withdrawn by the resident or complainant
	D1 – Referred to other agency – final disposition not obtained
	D2 – Referred to other agency – failed to act
	D3 – Referred to other agency – agency did not substantiate complaint
	E – No action was needed or appropriate
	F – Partially resolved, but some problems remained
	G – Resolved to the satisfaction of the resident or complainant

Completed by:  
(Print) \_\_\_\_\_ (Signature) \_\_\_\_\_  
08/01/07

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CONCERN (complaint and any other concerns observed while working the case):

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INTERVENTION (what you are doing to address the concerns):

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RESPONSE (what are the results from the intervention):

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PLAN (what is planned to prevent further allegations and need for protection):

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Review Notes:

Review Date: \_\_\_\_\_

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Completed by:

(Print) \_\_\_\_\_ (Signature) \_\_\_\_\_

**\*\* IF ANY ACTIVITIES WERE COMPLETED IN ADDITION TO YOUR CASE  
INVESTIGATION PLEASE ALSO FILL OUT THE ACTIVITY WORKSHEET.**

08/01/07

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